## Table 6 North Carolina Medicaid State Fiscal Year 2003

Uses of Medicaid Funds							
			Percent of	Percent of	Users of	Cost Per Service	
Type of Service	Tot	al Expenditures	Total Dollars	Service Dollars	Services*		<u>User</u>
Inpatient Hospital	\$	874,533,504	11.75%	13.27%	210,463	\$	4,155
Outpatient Hospital		538,024,825	7.23%	8.17%	670,519		802
Mental Hospital >65 & <21		32,761,633	0.44%	0.50%	2,561		12,793
Physician		572,206,549	7.69%	8.68%	1,278,204		448
Clinics		499,919,525	6.72%	7.59%	484,052		1,033
Nursing Facility (Skilled)		448,975,984	6.03%	6.81%	31,666		14,178
Nursing Facility (Intermediate)		419,208,704	5.63%	6.36%	25,027		16,750
ICF-MR		410,557,951	5.52%	6.23%	4,601		89,232
Dental		129,107,695	1.74%	1.96%	353,626		365
Prescription Drugs		1,203,809,178	16.18%	18.27%	998,701		1,205
Home Health		157,985,231	2.12%	2.40%	143,066		1,104
All Other Services		1,067,105,690	14.34%	16.20%	974,975		1,094
Subtotal, Services	\$	6,354,196,467	85.41%	96.44%			
Medicare Premiums:							
(Part A, Part B, QMB, Dually Eligible)		210,394,375	2.83%	3.19%	274,640		
HMO Premium		24,476,991	0.33%	0.37%	34,816		
Subtotal Services	\$	6,589,067,833	88.57%	100.00%	1,454,661	\$	4,530
Adjustments, Cost Settlements & Transfers		86,455,622	1.16%				
Disproportionate Share Payments**		340,835,304	4.58%				
Transfer to State Treasurer		108,510,735	1.46%				
Transportation-Program County Share		1,199,942	0.02%				
VR DSH Non-federal Share		3,420,366	0.05%				
Title XIX Program - All Dollars	\$	7,129,489,802	95.83%				
Title XIX Adminstration - All Dollars		310,268,127	4.17%				
Grand Total Medicaid Related Expenditures	\$	7,439,757,929	100.00%				
Total Recipients (unduplicated)***					1,454,661		
Total Expenditures Per Recipient (unduplicated)						\$	5,114

<sup>\* &</sup>quot;Users of Services" is a duplicated count. Recipients using one or more services are counted in each service category.

Note: Numbers may not add to the dollar due to rounding.

SOURCE: State 2082 Report -SFY 2003, PER Report YTD June 2003, BD701 Report June 2003, HCFA-64 quarterly reports covering SFY 2003, MCC Report June 2003 and NCSA.

<sup>\*\*</sup> Additional payments for hospitals providing services to a higher than average number of Medicaid patients.

<sup>\*\*\* &</sup>quot;Total Recipients" is unduplicated, counting recipients only once during the year regardless of the number or type of services they use. There were 230 unrecognized Medicaid recipients excluded from the total recipients for which the eligibility status could not be established when the claim was paid.